



# Solicitor

## Registration statement

**Return to:** Missouri Attorney General's Office  
Attention: Kimberly Haddix  
PO Box 899  
Jefferson City, MO 65102

SEND  
NO FEE

**MISSOURI ATTORNEY GENERAL  
JEREMIAH W. (JAY) NIXON**

**573-751-3321**  
**www.ago.mo.gov**

**PFR file reference No.** \_\_\_\_\_

**Organization** \_\_\_\_\_

### SOLICITOR INFORMATION

NAME \_\_\_\_\_ DATE OF BIRTH (MM-DD-YY) \_\_\_\_\_ ( ) —  
PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

### PREVIOUS WORK EXPERIENCE OVER PAST FIVE YEARS (EXCLUDE PROFESSIONAL FUNDRAISING)

NAME OF EMPLOYER _____	JOB TITLE _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF EMPLOYER _____	JOB TITLE _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF EMPLOYER _____	JOB TITLE _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF EMPLOYER _____	JOB TITLE _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____

### PREVIOUS WORK AS SOLICITOR FOR FUNDRAISING ORGANIZATION (INCLUDE HOW PAID SUCH AS RATE PER HOUR OR PERCENTAGE OF FUNDS)

NAME OF ORGANIZATION _____	WAGE TERMS _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF ORGANIZATION _____	WAGE TERMS _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
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ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF ORGANIZATION _____	WAGE TERMS _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____

**ARE YOU LICENSED BY, REGISTERED WITH, OR HAVE A PERMIT FROM ANY OTHER GOVERNMENTAL AGENCY FOR SOLICITING FUNDS?**

☐ NO ☐ YES

**If "yes," provide the following:**

GOVERNMENTAL AGENCY \_\_\_\_\_ AUTHORIZATION DATE (MM-DD-YY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GOVERNMENTAL AGENCY \_\_\_\_\_ AUTHORIZATION DATE (MM-DD-YY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**HAS ANY LICENSE OR PERMIT BEEN DENIED, CANCELED OR REVOKED, OR ACTION TAKEN AGAINST YOU RELATING TO FUND SOLICITATION?**

☐ NO ☐ YES

**If "yes," provide the following:**

GOVERNMENTAL AGENCY BRINGING ACTION \_\_\_\_\_ DATE OF ACTION (MM-DD-YY) \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NATURE OF ACTION \_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING THE MISAPPROPRIATION, MISUSE, OR MISAPPLICATION OF SOMEONE ELSE'S MONEY?**

☐ NO ☐ YES

**If "yes," provide the following:**

COURT NAME \_\_\_\_\_ DATE CONVICTED (MM-DD-YY) \_\_\_\_\_

COURT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NATURE OF OFFENSE \_\_\_\_\_

## Solicitor Verification Statement

### VERIFICATION

State \_\_\_\_\_ )  
County \_\_\_\_\_ ) SS.

\_\_\_\_\_, being duly sworn deposes and says, that s/he is the individual who has made the foregoing Solicitor statement, as required by 15 CSR 60-3.060; and s/he has read the statement, and knows the contents, thereof; and s/he understands that this statement was made for the purpose of complying with the registration requirements for the professional fundraising organization.

\_\_\_\_\_  
SIGNATURE OF SOLICITOR

Subscribed and sworn to before me, this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_, (Notary Public)

**This information must be mailed to the Attorney General's Office within 10 days of the employee's hire date:**

Missouri Attorney General's Office, Attention: Kimberly Haddix, PO Box 899, Jefferson City, MO 65102